

~~(III) ANY CONTRACTUAL OR VOLUNTARY WAGE CONTINUATION PLAN INTENDED TO PROVIDE WAGES DURING A PERIOD OF DISABILITY;~~

~~(IV) THE MEDICAID PROGRAM OF TITLE XIX OF THE SOCIAL SECURITY ACT;~~

~~(V) THE MEDICARE PROGRAM;~~

~~(VI) A POLICY PROVIDING BENEFITS UNDER § 539 OF THIS ARTICLE;~~  
AND

~~(VII) ANY OTHER HEALTH, SICKNESS, ACCIDENT OR INCOME DISABILITY INSURANCE AVAILABLE TO THE CLAIMANT, WHETHER PURCHASED BY THE CLAIMANT OR PROVIDED BY OTHERS.~~

~~(2) BENEFITS PAYABLE UNDER THE COVERAGES DESCRIBED UNDER § 539 OF THIS SUBTITLE SHALL BE REDUCED TO THE EXTENT THAT THE RECIPIENT HAS RECOVERED BENEFITS UNDER WORKERS' COMPENSATION LAWS OF ANY STATE OR THE FEDERAL GOVERNMENT.~~

~~(3) IF A PERSON UNDER PARAGRAPH (1)(I) THROUGH (VII) OF THIS SUBSECTION HAS PAID BENEFITS TO AN INDIVIDUAL AND THAT PERSON HAS A RIGHT OF SUBROGATION, THE PERSON PAYING SUCH BENEFITS SHALL HAVE A DIRECT CAUSE OF ACTION AGAINST ANY INSURER WHO HAS PAID BENEFITS, OR IS LIABLE FOR BENEFITS UNDER § 541 OF THIS SUBTITLE.~~

~~(4) THIS SUBSECTION MAY NOT BE CONSTRUED TO LIMIT ANY RECOVERY BY AN INDIVIDUAL FOR NONECONOMIC DAMAGES AGAINST ANY PERSON.~~

~~(c) Nothing herein shall prohibit a nonprofit health service plan or an authorized insurer, with the approval of the Commissioner, from providing medical, hospital, and disability benefits in connection with motor vehicle accidents.~~

544.

~~(a) All payments of benefits described under § 539 of this subtitle shall be made periodically as the claims therefor arise and within 30 days after satisfactory proof thereof is received by the insurer subject to the following limitations:~~

~~(1) The coverages described in § 539 of this subtitle may prescribe a period of not less than 12 months after the date of accident within which the original claim for benefits must be presented to the insurer.~~

~~(2) The coverages described in § 539 of this subtitle may provide that in any instance where a lapse occurs in the period of total disability or in the medical treatment of an injured person who has received benefits under such coverage or coverages and such person subsequently claims additional benefits based upon an alleged recurrence of the injury for which the original claim for benefits was made, the insurer may require reasonable medical proof of such alleged recurrence; provided, that in no event shall the aggregate benefits payable to any person exceed the maximum limits prescribed in the policy.~~